

4124

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

07440										DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										07432																			
1. DECEASED-NAME (Type or print) First Middle Last										2a. DATE OF DEATH Month Day Year										2b. HOUR																			
Ralph BERNARD BAKER, SR.										MAY 9 1969										4:30 PM																			
3. SEX					4. RACE					5. DATE OF BIRTH					6. AGE (in years last birthday)					IF UNDER 1 YEAR MONTHS DAYS					IF UNDER 24 HRS. HOURS MIN.														
MALE					White					MAY 23, 1892					76 YRS.																								
7a. BIRTHPLACE (State or foreign country)					7b. CITIZEN OF WHAT COUNTRY?					8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>					9. COUNTY OF DEATH										Md.														
Maryland					U.S.A.										QUEEN ANNES																								
10. CITY OR TOWN OF DEATH					11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)					12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)					12b. KIND OF BUSINESS OR INDUSTRY																								
Chester					MARLING FARMS					CONTRACTOR					Concrete & Road Constr.																								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					13b. CITY OR TOWN					13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					13e. STREET AND NUMBER																								
Maryland					QUEEN ANNES					Chester					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					MARLING FARMS																			
14. FATHER'S NAME First Middle Last					15. MOTHER'S MAIDEN NAME First Middle Last																																		
ISSAC - BAKER					Charlotte - Lynch																																		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown (If yes give war or dates of service)					16b. SOCIAL SECURITY NO.					17. INFORMANT										Address																			
No					220-26-3723					Ralph B. BAKER, JR.										QUEENSTOWN, Md.																			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)																									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH														
PART 1. DEATH WAS CAUSED BY:																																							
IMMEDIATE CAUSE (a) Rupture Thoracic Aneurysm																																							
4411 DUE TO, OR AS A CONSEQUENCE OF																																							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) C.C.V.D.																																							
DUE TO, OR AS A CONSEQUENCE OF (c) Seniors																																							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																																							
19a. DATE OF OPERATION										19b. CONDITION FOR WHICH OPERATION WAS PERFORMED										20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?														
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)										21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19										21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)																			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>										21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)										21f. LOCATION Street or R.F.D. No. City or Town County State																			
22a. I certify that (I) (this hospital) attended the deceased from 1956, 19, to 1969, 19, that (I) (we) last saw the deceased alive on 5-9-69, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																																							
22b. SIGNATURE										22c. DATE SIGNED																													
Robert R. Hahn MD										5-9-69.																													
22d. PHYSICIAN'S NAME (Type)										22e. ADDRESS																													
Robert R. HAHN										P.O. Box 73 - Severna Park																													
23a. BURIAL, CREMATION, REMOVAL (Specify)										23b. DATE										23c. NAME OF CEMETERY OR CREMATORY										23d. LOCATION (City or Town) (County) (State)									
Burial										May 12, 1969										Woodlawn Memorial Park										Easton, Talbot, Md.									
24. FUNERAL DIRECTOR										25a. REC'D BY REGISTRAR										25b. REGISTRAR'S SIGNATURE																			
James H. Baiter Jr.										MAY 15 1969										James H. Baiter Jr.																			



10000



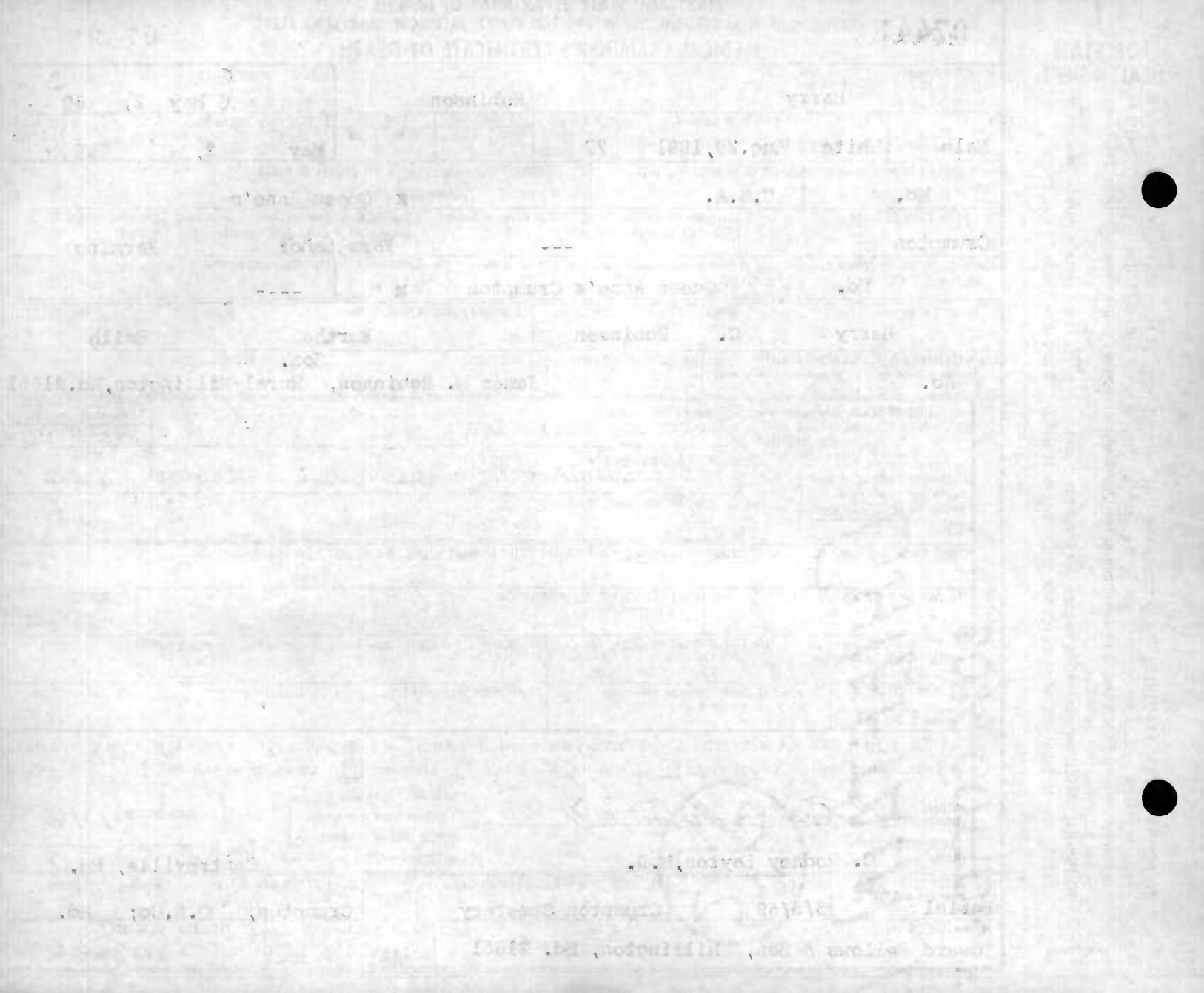
FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MEDICAL CERTIFICATION

07441										DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										07433																													
1. DECEASED-NAME (Type or Print) Harry Robinson															2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> May 2, 1969															2b. HOUR 2:00 P.M.																			
3. SEX Male					4. RACE White					5. DATE OF BIRTH Aug. 29, 1891					6. AGE (In years last birthday) 77 YRS.					IF UNDER 1 YEAR MONTHS --- DAYS ---					IF UNDER 24 HRS. HOURS --- MIN. ---					2c. DATE PRONOUNCED DEAD Month May Day 2 Year 1969										2d. HOUR 4:45 P.M.									
7a. BIRTHPLACE (State or foreign country) Md.										7b. CITIZEN OF WHAT COUNTRY? U.S.A.										8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>										9. COUNTY OF DEATH Queen Anne's																			
10. CITY OR TOWN OF DEATH Crumpton										11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ---										12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Farm Labor										12b. KIND OF BUSINESS OR INDUSTRY Farming																			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.										13b. COUNTY Queen Anne's										13c. CITY OR TOWN Crumpton										13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					13e. STREET AND NUMBER ----														
14. FATHER'S NAME Harry C. Robinson										15. MOTHER'S MAIDEN NAME Bertha Smith																																							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.										16b. SOCIAL SECURITY NO. (If yes give war or dates of service)										17. INFORMANT Son. ADDRESS James W. Robinson, Rural Millington, Md. 21651																													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 4109 IMMEDIATE CAUSE (a) Coronary occlusion DUE TO, OR AS A CONSEQUENCE OF arteriosclerotic cardiovascular disease years Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH unknown																								
19a. DATE OF OPERATION										19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																													
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH										21b. TIME OF INJURY Month, Day, Year 19 HOUR A.M. --- P.M. ---										21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)																													
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>										21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)										21f. LOCATION Street or R.F.D. No. City or Town County State																													
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>																																																	
ACTUAL SIGNATURE C. Rodney Layton										CHIEF MEDICAL EXAMINER <input type="checkbox"/>										22b. DATE SIGNED 5/3/69																													
EXAMINER'S NAME (Type) C. Rodney Layton, M.D.										ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>										DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>																													
										ADDRESS (Street, city, town, or county) Centreville, Md.																																							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial										23b. DATE 5/5/69										23c. NAME OF CEMETERY OR CREMATORY Crumpton Cemetery										23d. LOCATION (City or Town) (County) (State) Crumpton, Q.A.Co; Md.																			
24. FUNERAL DIRECTOR Edward Fellows & Son, Millington, Md. 21651										ADDRESS										25a. REC'D BY REGISTRAR MAY 7 1969										25b. REGISTRAR'S SIGNATURE Charles Judge																			



4124

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

07442		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				07434	
CERTIFICATE OF DEATH							
1. DECEASED-NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH Month Day Year		2b. HOUR P.M.
OLIVE				STRONG	May 20, 1969		4:00 P.M.
3. SEX	4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	
female	white		1/29/1889		80	YRS.	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH	
Maryland		USA				Queen Anne Md.	
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
Church Hill		Colonial Arms Nursing Home		Housewife			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)		13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER	
Maryland		Kent		Chestertown		High St.	
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		
George Dallas Walters					Mary Elizabeth Parker		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown		16b. SOCIAL SECURITY NO.		17. INFORMANT			
No		218 48 6862		Lawrence Strong - Chestertown, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease							Several
4124 DUE TO, OR AS A CONSEQUENCE OF							years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.							
(b) _____							
DUE TO, OR AS A CONSEQUENCE OF							
(c) _____							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that (I) (this hospital) attended the deceased from April 1954, to 5/20, 1969, that (I) (we) last saw the deceased olive on 5/20 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE				DEGREE		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS		22c. DATE SIGNED	
Robert W. Farr, M.D.				Chestertown, Md. 21620		5/20/69	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)		
Burial		5/22/69	Saint Paul Cemetery near Chestertown, Md.				
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE	
J. Wells Wells		Chestertown, Md.		MAY 23 1969		Charles Judge	

CERTIFICATE OF MARRIAGE

01423

State of New York, County of Westchester, ss.

I, the undersigned, Judge of the Supreme Court of the County of Westchester, do hereby certify that

on the 14th day of June, 1968, at the City of New York, in the County of Westchester, State of New York,

the following named persons, being by them duly sworn, depose and say that they are

lawfully married to each other, and that the same is true to the best of their knowledge and belief.

Witness my hand and the seal of the County of Westchester, this 14th day of June, 1968.

Judge of the Supreme Court of the County of Westchester

Testimony of the parties to the marriage:
I, _____, do hereby certify that the above named persons are lawfully married to each other, and that the same is true to the best of my knowledge and belief.

Judge of the Supreme Court of the County of Westchester

Judge of the Supreme Court of the County of Westchester

Judge of the Supreme Court of the County of Westchester

Judge of the Supreme Court of the County of Westchester

Judge of the Supreme Court of the County of Westchester

Judge of the Supreme Court of the County of Westchester

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Judge of the Supreme Court of the County of Westchester

Judge of the Supreme Court of the County of Westchester

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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07443										DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										07435									
Item 11 Film 413 6/4/69 kk										CERTIFICATE OF DEATH																			
1. DECEASED-NAME (Type or print)					First Middle Last					2a. DATE OF DEATH					2b. HOUR														
Margaret W. Walraven										May 27 1969					M														
3. SEX			4. RACE			5. DATE OF BIRTH			6. AGE (In years last birthday)			IF UNDER 1 YEAR			IF UNDER 24 HRS.														
Female			White			February, 24, 1881			88			MONTHS			DAYS														
7a. BIRTHPLACE (State or foreign country)			7b. CITIZEN OF WHAT COUNTRY?			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH																				
Md.			U.S.A.						Queen Anne's Md.																				
10. CITY OR TOWN OF DEATH					11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)					12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)					12b. KIND OF BUSINESS OR INDUSTRY														
Centreville					215 Broadway					Housework					Home														
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE					13b. COUNTY					13c. CITY OR TOWN					13d. INSIDE CITY LIMITS?					13e. STREET AND NUMBER									
Md.					Queen Anne's					Sudlersville					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					----									
14. FATHER'S NAME					15. MOTHER'S MAIDEN NAME																								
Christopher Weedman					Rebecca Harmon																								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)					16b. SOCIAL SECURITY NO.					17. INFORMANT Address																			
No										Mrs. Rebecca Eaton, 215 Broadway, Centreville, Md.																			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)															APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH														
PART I. DEATH WAS CAUSED BY:																													
IMMEDIATE CAUSE (a) Cerebral Metastasis															3 mon.														
1420 DUE TO, OR AS A CONSEQUENCE OF																													
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Adenocarcinoma of the parotid															years														
DUE TO, OR AS A CONSEQUENCE OF (c)																													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																													
19a. DATE OF OPERATION					19b. CONDITION FOR WHICH OPERATION WAS PERFORMED					20a. AUTOPSY?					20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?														
										YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)					21b. TIME OF INJURY					21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)																			
					HOUR A.M. Month Day Year P.M. 19																								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>					21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)					21f. LOCATION					City or Town County State														
										Street or R.F.D. No.																			
22a. I certify that (I) (this hospital) attended the deceased from Jan. 1, 1909, to May 19, 09, that (I) (we) last saw the deceased alive on May 20, 1909, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																													
22b. SIGNATURE															22c. DATE SIGNED														
C. Rodney Layton															5/28/69														
22d. PHYSICIAN'S NAME (Type)															22e. ADDRESS														
C. Rodney Layton, M.D.															Centreville, Md. 21617														
23a. BURIAL, CREMATION, REMOVAL (Specify)					23b. DATE					23c. NAME OF CEMETERY OR CREMATORY					23d. LOCATION (City or Town) (County) (State)														
Burial					May, 29, 1969					Sudlersville Cemetery.					Sudlersville, Q.A.Co; Md.														
24. FUNERAL DIRECTOR ADDRESS															25a. REC'D BY REGISTRAR					25b. REGISTRAR'S SIGNATURE									
Edward Fellows & Son, Millington, Md. 21651															JUN 2 1969					Charles Judge									

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SECTION 111 OF 112

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**FOR STATE
HEALTH DEPT.**

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MEDICAL CERTIFICATION

<div>07444</div> <div>DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201</div> <div>MEDICAL EXAMINER'S CERTIFICATE OF DEATH</div> <div>07436</div>															
1. DECEASED-NAME (Type or Print) Robert Taylor					2a. DATE KNOWN OF DEATH <input type="checkbox"/> Month <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Year 5-17 1969					2b. HOUR 10¹⁵ AM					
3. SEX Male		4. RACE White		5. DATE OF BIRTH JUNE 22, 1915		6. AGE (in years last birthday) 53 YRS.		IF UNDER 1 YEAR MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/>		IF UNDER 24 HRS. HOURS <input type="checkbox"/> MIN. <input type="checkbox"/>		2c. DATE PRONOUNCED DEAD Month 5-17 Day <input type="checkbox"/> Year 1969		2d. HOUR 1¹⁵ PM	
7a. BIRTHPLACE (State or foreign country) Maryland			7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH QUEEN ANNE'S Md.						
10. CITY OR TOWN OF DEATH Centreville				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 103 S. Commerce St.				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) SALESMAN				12b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland				13b. COUNTY QUEEN ANNES		13c. CITY OR TOWN Centreville		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13e. STREET AND NUMBER 103 S. Commerce St.					
14. FATHER'S NAME William Bedford					15. MOTHER'S MAIDEN NAME Minnie Taylor										
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No					16b. SOCIAL SECURITY NO. 212-03-1954					17. INFORMANT Daughter ADDRESS Mrs. Donald Haring - Cambridge, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Possible Massive Coronary Occlusion, 10-15 M. DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Cardiovascular DUE TO, OR AS A CONSEQUENCE OF (c) disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109													APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH years 3		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Had Inferior Infart 8 MO AGO															
19a. DATE OF OPERATION					19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?					20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21b. TIME OF INJURY Month, Day, Year 19 HOURS A.M. P.M.				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>															
ACTUAL SIGNATURE C. R. Layton					CHIEF MEDICAL EXAMINER <input type="checkbox"/>					22b. DATE SIGNED 5-19-69					
EXAMINER'S NAME (Type) C. R. Layton MD					DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>					ADDRESS (Street, city, town, or county) Centreville Md					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				23b. DATE May 21, 1969		23c. NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery				23d. LOCATION (City or Town) (County) (State) Centreville, Q.A.Co. Md.					
24. FUNERAL DIRECTOR Small, Butler & Butler Bros, Centreville, Md.					25a. RECEIVED BY REGISTRAR MAY 22 1969					25b. REGISTRAR'S SIGNATURE Charles Judge					

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CHEN C. C. YAN